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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Burkina Faso

Proposed UNFPA assistance:	$10.5 million, $8.5 million from regular resources and $2.0 million from co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2001-2005)
Cycle of assistance:	Fifth
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	6.0	1.5	7.5
Population and development strategies/gender	2.0	0.5	2.5
Programme coordination and assistance	0.5	-	0.5
Total	8.5	2.0	10.5

BURKINA FASO

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	41	≥60
Contraceptive prevalence rate (%)[2]	8	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	4.05	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	157.4	≤65
Infant mortality rate (per 1,000 live births)[5]	99	≤50
Maternal mortality ratio (per 100,000 live births)[6]	--	≤100
Adult female literacy rate (%)[7]	10	≥50
Secondary net enrolment ratio (%)[8]	58	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

1. Electronic database, World Health Organization, December, 1999.
2. United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3. UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4. United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development* (forthcoming).
5. United Nations Population Division, *World Population Prospects: The 1998 Revision*.
6. The World Bank, *World Development Indicators, 2000*. N.B. According to the 1998-1999 demographic and health survey, the maternal mortality ratio was 484 per 100,000 live births.
7. UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8. UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women (2000)*, based on 1999 data from UNESCO.

Two dashes (--) indicates that data are not available.

Demographic Facts

Population (000) in 2000	11,937	Annual population growth rate (%)	2.74
Population in year 2015 (000)	18,096	Total fertility rate (/woman)	6.05
Sex ratio (/100 females)	99.7	Life expectancy at birth (years)	
Age distribution (%)		Males	45.3
Ages 0-14	47.3	Females	46.9
Youth (15-24)	19.9	Both sexes	46.1
Ages 60+	4.1	GNP per capita (U.S. dollars, 1998)	240

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 1998 Revision*; GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme covering the period 2001-2005 to assist the Government of Burkina Faso in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $10.5 million, of which $8.5 million would be programmed from UNFPA regular resources, to the extent that such resources are available. UNFPA would seek to provide the balance of $2 million from co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. Burkina Faso is classified as a "Category A" country in terms of UNFPA resource allocation criteria. This would be the Fund's fifth programme of assistance to Burkina Faso.

2. The proposed programme was formulated in close consultation with governmental and non-governmental organizations, donors and the United Nations country team. The proposed programme is consistent with the overall theme of poverty reduction and the strategies agreed upon by the United Nations country team in the context of the Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF), which were elaborated with full UNFPA involvement. It is based on: (a) the development objectives of the National Population Policy and the Population Action Programme for the period 2001-2005; (b) the Government's letter of intent on sustainable human development and its poverty reduction strategies paper; (c) UNICEF's situation analysis; (d) the new initiatives of the United Nations system regarding the focusing of efforts in order to achieve better synergy and greater impact; and (e) the lessons learned from the UNFPA's four preceding programmes. The proposed programme is harmonized with the programmes of UNICEF, UNDP and WFP.

3. The goal of the proposed programme is to contribute to improving the welfare of the people of Burkina Faso and to reducing poverty through achieving a balance between population and resources and through increased use of reproductive health services, building national capacity to integrate population issues into national and sectoral development planning, and helping to promote an enabling sociocultural, legal and institutional environment for the implementation of the National Population Policy.

4. The proposed programme was developed within the framework of a human rights approach. All the activities under the proposed programme, as in all UNFPA-assisted activities, would be carried out in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. The population of Burkina Faso was estimated at 12 million in 2000 and is projected to double by the year 2030. However, this projection does not take into consideration the potential

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impact of the AIDS pandemic. The population density is 38.1 persons per square kilometre and is unevenly distributed, ranging from 11 persons per square kilometre in the east to 122 per square kilometre in the middle of the country. The population is very young – 48.2 per cent are under 15 years of age. Despite a slight decline of 0.1 per cent in the past four years, total fertility remains high at 6.8 children per woman. This is due to the practice of universal and early marriage, low use of modern contraceptives, and the high infant mortality rate. The cumulative number of reported HIV/AIDS cases increased from 26 in 1986 to 13,518 in 1998. However, in 1999 the number of people infected with HIV was estimated by UNAIDS to be 350,000. This corresponds to an HIV prevalence of 7.2 per cent, ranking Burkina Faso as the third worst affected country in West Africa.

6. Burkina Faso is still very far from reaching the threshold indicators agreed upon at the ICPD. The contraceptive prevalence rate increased from 8 per cent to 12 per cent from 1994 to 2000, but there is a great disparity between rural and urban areas. Physical and financial constraints make health services inaccessible to about half of the population. Maternal and infant mortality rates remain high at 484 per 100,000 and 105 per 1,000, respectively. The gross enrolment rate at the primary school level is 41.2 per cent for boys and 34.5 per cent for girls.

7. The health sector is organized into central, regional and district levels. The central level is constituted by two national hospitals based in the main cities, Ouagadougou and Bobo Dioulasso. The health system is divided into 11 regions and 53 districts. A health centre is considered operational when it offers services related to the minimum package of activities, which includes infant and maternal health, pre- and post-natal care, family planning, deliveries, sexually transmitted diseases (STDs) and HIV/AIDS.

8. The overall health situation of women is characterized by high morbidity and mortality rates. Direct causes, including haemorrhages and infections, are responsible for about 72 per cent of maternal deaths. Only 61 per cent of pregnant women undergo a prenatal consultation while trained health professionals attend only 32 per cent of births. In addition to ignorance and poverty, factors affecting women's health include the heavy burden of domestic chores, traditional harmful practices, inadequate sanitation and lack of clean drinking water. According to the 1999 demographic and health survey (DHS), as many as 72 per cent of women have undergone female genital mutilation (FGM).

9. Women in Burkina Faso have a very low status. The illiteracy rate for females over age 10 is 86.7 per cent compared to 73.4 per cent for men. The gap in female education is a serious hindrance to women's participation in the modern sector, where they represent 21 per cent of the public administration staff and only 5 per cent in the private sector. Out of the 45.5 per cent of people living below the poverty level, 51.3 per cent are women. Discrimination in school enrolment and in decision-making, lack of economic power, and harmful practices such as FGM

and wife inheritance contribute to the poor health of women. HIV/AIDS infection is higher in women than in men.

10. Burkina Faso is counted as a least developed country, with a per capita gross national product (GNP) of $300. In recognition of national efforts to reduce poverty, Burkina Faso has been made eligible for an exceptional debt reduction of as much as 50 per cent in the context of the Initiative for the Highly Indebted Poor Countries.

Previous UNFPA assistance

11. UNFPA has provided assistance to Burkina Faso since 1973. Previous UNFPA programmes contributed to providing the country with reliable population and reproductive health data; integrating reproductive health services into health centres through training and the supply of equipment and contraceptives; raising awareness and building capacity in the area of gender, population and development; introducing population education into primary and secondary school curricula; and improving the legal status of women through advocacy activities resulting in the adoption of the Family Code (1992) and the enactment of a new law banning FGM (1996).

12. The fourth programme of assistance to Burkina Faso was approved in 1997 for a period of four years, in the amount of $10.3 million, of which $1.5 million was from extrabudgetary resources. Under the latter, the World Bank contributed approximately $1.8 million for the supply of contraceptives. Estimated expenditures under the fourth country programme amount to $7.5 million, of which $5.7 million were from regular resources. The main objectives of the 1997-2000 programme were to contribute to reducing maternal mortality; to increasing the contraceptive prevalence rate from 1.5 per cent in rural areas to 9 per cent and from 17 per cent to 30 per cent in urban areas; to increasing from 468 to 677 the number of health centres providing reproductive health services; to improving the status of women; to integrating gender, population and development issues into all sectoral policies; and to developing and adopting a revised population policy.

13. During the period of the previous programme, the national maternal mortality ratio declined from 566 to 484 per 100,000 and the contraceptive prevalence rate increased from 1.5 per cent to 3.5 per cent in rural areas and from 17 per cent to 20 per cent in urban areas. Other programme achievements include: strengthening of reproductive health services under the Ministry of Health; adoption of a Safe Motherhood strategy; development of a management information system for contraceptive logistics; development of reproductive health policy, norms and standards; revision and adoption of the National Population Policy; development and adoption of the Population Action Plan for the period 2001-2005; institutionalization of population education in primary schools; development of a protocol to mainstream gender into development plans and programmes; adoption of an affirmative action policy to promote girls'

education; financial support to the national commission on FGM; support to the processing, analysis and dissemination of data from the 1996 census and 1999 DHS; and strengthening of the technical capacities of local NGOs working in the area of HIV/AIDS.

14. Among the constraints encountered by the programme were delays in subprogramme development and implementation mainly due to the unfamiliarity of staff with the new guidelines for design and formulation of subprogrammes. Other constraints included inadequate information on the decentralization process; lack of authority at the local level to plan, develop and implement activities; and lack of a geographical focus for the programme. The objectives of the previous programme were found to be very ambitious in the context of the resource restrictions faced by all of UNFPA's programmes.

15. The key lessons learned from the past programme include the following: (a) the need to fully involve relevant stakeholders in the formulation of subprogrammes and projects; (b) the need to limit the geographical and substantive coverage of the programme; (c) the need for a common understanding of the concept of national execution and of the respective roles and responsibilities of various partners with respect to implementation, coordination, monitoring and evaluation; and (d) the need to carefully assess the capacities of implementing structures.

Other external assistance

16. The main donors for population activities are, among multilateral organizations, the World Bank, WHO, UNICEF, the African Development Bank (ADB) and the European Union and, among the bilateral donors, the Netherlands, Denmark, Germany, Canada and the United States of America. The World Bank supports health projects, mainly for construction and equipment, as well as a population project and one for HIV/AIDS prevention. WHO provides technical assistance for developing health policies and programmes, including the Safe Motherhood programme, the health programme for youth, and for an integrated approach to dealing with childhood diseases. UNICEF is mainly involved in immunization, basic education and provision of sanitation and clean drinking water. The ADB has helped to finance research and surveys in the health sector. The European Union provides support for an international research centre that is working to prevent HIV/AIDS transmission from mother to child.

17. The Netherlands provides support in the area of HIV/AIDS control and the elimination of FGM. The United States Agency for International Development (USAID), after its withdrawal from Burkina Faso in 1995, assists the country through a regional project covering four countries in West Africa. This regional project aims at improving the quantity and demand for family planning services, STD and AIDS prevention, and mother and child services. Canada works in the areas of HIV prevention and promotion of women. For the period 1997 to 2001, the Canadian International Development Agency (CIDA) is supporting a project to provide

epidemiological surveillance for STDs and AIDS in two provinces. It also contributes to institutional strengthening and the promotion of women rights through a regional project.

Proposed programme

18. The overall goal of the proposed country progamme is noted in paragraph 3 above. The proposed programme would support activities in two subprogrammes: reproductive health and population and development strategies. Gender and advocacy would be cross-cutting issues and would be reflected in all activities of the two subprogammes. The subprogrammes and component projects would be designed so as to further strengthen national ownership through the participation and the full involvement of relevant stakeholders in the process of design, implementation, monitoring and evaluation of the programme.

19. UNFPA's lead role in population matters and the implementation of the ICPD Programme of Action is recognized. The Government fully understands the critical role that UNFPA can play within the context of United Nations system collaboration and partnership to facilitate the implementation of the country's newly revised population policy; to advocate for reproductive health and rights, including for adolescents; and to contribute to the elimination of such harmful practices as FGM and violence against women.

20. Under the proposed programme, special attention would be given to the complementarity of programmes with other United Nations agencies and development partners in the geographical areas in which the UNFPA programme is to be concentrated. The programme will be designed to support the following strategies: (a) decentralization; (b) capacity building of the structures involved in the execution and implementation of the programme at the local, regional and national levels; (c) development of research and a disaggregated database to contribute to better knowledge of the interrelations between population, gender and development and for programme management, follow-up and evaluation; and (d) emphasis on youth and adolescent reproductive health needs, including HIV/AIDS and community-based services.

21. The programme would focus on three health regions, namely, Fada, Dori and Tenkodogo. The United Nations system as a whole, in consultation with the Government, has chosen to focus its intervention in the same zone to maximize its impact. This region was selected because of its poor social indicators, high maternal and infant mortality rates, the very low school enrolment rates (especially for girls) and the limited support that has been received from donors in the past.

22. Although the bulk of programme activities would be implemented at the regional level, some activities would be undertaken at the national level. These would include coordination and supervision, development of policies and adoption of tools for programme management, and support for the management of contraceptive logistics and for the national health data information system.

23. Reproductive health subprogramme. The main problems in reproductive health that the proposed programme will contribute to addressing are the high levels of maternal morbidity and mortality; the ever-growing spread of the HIV/AIDS epidemic; the low utilization of reproductive health services, particularly by adolescents and youth; the inadequate involvement of men and opinion leaders; and the ineffectiveness of IEC campaigns. The purposes of the reproductive health subprogramme would be to: (a) contribute to increased use of reproductive health services, in particular by youth and adolescents, in the three selected health regions; and (b) contribute to the creation and strengthening of an enabling sociocultural, legal and institutional environment through increased awareness of population issues and increased support by male decision makers and community leaders to improving reproductive health, including the fight against FGM and other types of violence against women. In the three chosen health regions, UNFPA will support reproductive health activities in 11 health districts out of 53.

24. The first output of the reproductive health subprogramme would be increased availability and accessibility of integrated reproductive health services in the focus regions. Support would be provided for training, IEC campaigns, integration of the minimum activity package into the service delivery system, and the supply of medical equipment. UNFPA would pursue collaboration with WHO, UNICEF, the World Bank and other donors such as USAID, the European Union and the national affiliate of the International Planned Parenthood Federation (IPPF) to ensure that the system put in place for the management of contraceptive logistics is operational. A health service cost-sharing mechanism would be developed and tested with the participation of local communities. Community-based services would be developed with the support and the participation of NGOs, local associations and beneficiary communities. At the national level, support would be provided to enhance capacity for managing, supervising and monitoring the reproductive health programme and to incorporate integrated reproductive health modules into the training curricula for health personnel.

25. The second output of the reproductive health subprogramme would be increased availability of reproductive health services, including STD and HIV information, counselling and services, for youth and adolescents in the three regions. This would be achieved by integrating adolescent reproductive health activities in youth centres and school infirmaries with youth participation; training of service providers and peer educators; support to NGO initiatives in the area of adolescent reproductive health activities; and production of materials for IEC campaigns targeting young people. District-level health personnel would be trained in youth counselling and the provision of adolescent reproductive health services.

26. The third expected output of the reproductive health subprogramme would be increased availability of information on reproductive health services and harmful practices, including FGM and violence against women. Sociocultural studies would be conducted and materials produced

for IEC campaigns. In collaboration with youth groups and NGOs, IEC materials focusing on reproductive and sexual health and gender equity and equality would be developed.

27. The fourth expected output of the reproductive health subprogramme would be the prevention and the management of STDs and HIV/AIDS for pregnant women. UNFPA's assistance would be funneled through proposed joint United Nations system support for a multisectoral programme designed to prevent the spread of HIV/AIDS in Burkina Faso.

28. The fifth expected output of the reproductive health subprogramme would be the creation of an enabling environment on reproductive health and rights and gender issues through advocacy activities directed towards community and religious leaders and the strengthening of the technical and management capacity of the Women Ministers and Parliamentarians Network and of selected NGOs working in the areas of reproductive health, gender and adolescent reproductive health. Support would be provided for the formulation of a comprehensive IEC strategy on reproductive health and reproductive rights.

29. An amount of $7.5 million would be allocated to the reproductive health subprogramme, of which $6 million would be from regular resources and $1.5 million would be sought through co-financing modalities and/or other resources.

30. Reproductive health commodity security. The cost of contraceptives for the period 2001-2003, which coincides with the Ministry of Health's triennial programming, is estimated at $1.6 million. As contraceptives are already available for the year 2001-2002 under World Bank funding, UNFPA would assist the Government in approaching other donor partners to ensure continuity in the supply and the availability of reproductive health commodities for the remaining years. According to the 1998 DHS, the trend in contraceptive utilization indicates a growing diversity of methods as opposed to the preeminence of oral pills in the past.

31. Population and development strategies. The main issues and challenges identified in the area of population and development strategies are: (a) the imbalance between population and economic growth; (b) weak capacity to monitor programme indicators and limited appreciation of the interrelationships between population and development; (c) inadequate management of collected data and research in population; (d) lack of methodological and management instruments for the follow-up of the programme at all levels; and (e) inadequate national capacity in population-related disciplines. The purpose of the population and development strategies subprogramme would be: (a) to contribute to the strengthening of national capacities for the development, implementation and coordination of development policies and programmes integrating gender and population concerns; and (b) to promote greater awareness of population and development interrelationships.

32. The first expected output of the population and development strategies subprogramme would be strengthened capacities in the area of gender, population and development and in research and data collection through training of relevant national counterparts from different ministries and strengthening the institutional and technical capacities to undertake training and research by the government unit charged with demographic research.

33. The second expected output would be the availability of a methodology and tools for the formulation, management, follow-up and evaluation of provincial population action plans and of the National Population Action Plan. This would entail establishing a comprehensive disaggregated database and dissemination of the data in support of gender-sensitive population action plans. It would also involve training personnel at the regional level.

34. The third expected output would be increased awareness and strengthened support by opinion leaders and the population as a whole for the implementation of the National Population Action Plan at the national and regional levels through multi-media IEC campaigns.

35. An amount of $2.5 million would be allocated to the population and development strategies subprogramme, of which $2 million would be provided from regular resources and $500,000 would be sought through co-financing modalities and/or other resources.

Programme implementation, coordination, monitoring and evaluation

36. The proposed programme would be executed and implemented by the Government. The Ministry of Economy and Finances will coordinate the activities of the programme. If needed, national or international NGOs may execute some project components. The national affiliate of the International Planned Parenthood Federation would be a privileged partner in the implementation of some activities, especially in the area of IEC for young people. The Population Council, an international NGO, would be asked to use its experience in the area of community-based services to extend its activities in the health regions in which the UNFPA programme will be concentrated. Execution of programme components by UNFPA would be limited to the purchase of contraceptives and medical equipment and the provision of technical assistance through the Country Technical Services Team (CST) in Dakar, Senegal.

37. The CST and national experts would provide technical support. In addition, three United Nations Volunteers, specialists in reproductive health (one for each health region) would be recruited. As needed, regional institutions would be called upon to provide ad hoc technical assistance. Some project activities would be entrusted to NGOs and youth associations because of their expertise or comparative advantages.

38. The monitoring and evaluation of the programme would be conducted in accordance with UNFPA policies, procedures and guidelines. All activities of the component projects would be

monitored through field visits and the use of agreed-upon indicators. Quarterly meetings with project managers, regular monitoring visits to project sites and joint visits involving project managers would be undertaken. Annual reviews of component projects of the subprogrammes would be held in the framework of the country-monitoring plan. To the extent possible, such reviews would take place at project sites. If feasible, a joint United Nations mid-term review would take place in mid-2003 and a country programme evaluation by the end of 2005. Evaluations of projects or thematic areas would be conducted as necessary. Information exchange would be ensured through inter-agency meetings and inter-agency thematic groups in the context of the CCA and UNDAF.

39. The UNFPA country office is composed of a Representative, one Assistant Representative, one Programme Officer, two Programme Assistants and support staff. A Junior Professional Officer is expected in October 2000. Under the proposed programme, the amount of $500,000 from regular resources would be used for programme coordination and assistance.

Recommendation

40. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Burkina Faso, as presented above, in the amount of $10.5 million for the period 2001-2005, $8.5 million of which would be programmed from the Fund's regular resources, to the extent such resources are available, and the balance of $2 million would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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